

Form CPF M 102: Campaign Finance Report FICE Municipal Form CITY CLERKS TO 33

Office of Campaign and Political Finance 2015 JAN 20 PM 3: 33

Commonwealth of Massachusetts	File with: Cliss of Town Clerk or Election Commiss	
Fill in Reporting Period dates: Beginning Date: Jan	1, 2014 Ending Date: Dec 31, 2014	
Type of Report: (Check one) [] 8th day preceding preliminary [] 8th day preceding election	☐ 30 day after election	
Joseph Demers	Committee to Elect Joe Demers	
Candidate Full Name (if applicable)	Committee to Elect Joe Demers Committee Name	
School Committee - Woburn, Massachusetts	Edward Boyd Jr.	
Office Sought and District	Name of Committee Treasurer	
1 Manny Terrace, Woburn, Massachusetts 01801	PO Box 204, Woburn, Massachusetts 01801	
Residential Address	Committee Mailing Address	
Telephone Number (optional):	Telephone Number (optional):	
SUMMARY BALANC	CE INFORMATION:	
Line 1: Ending Balance from previous report	643.95	
Line 2: Total receipts this period (page 3, line 11)	0	
Line 3: Subtotal (line 1 plus line 2)	643.95	
Line 4: Total expenditures this period (page 5, line	e 14) 254	
Line 5: Ending Balance (line 3 minus line 4)	389.95	
Line 6: Total in-kind contributions this period (page 6)		
Line 7: Total (all) outstanding liabilities (page 7)	0	
Line 8: Name of bank(s) used: Northern Bank and To	rust	
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best o tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co ance activity of all persons acting under the authority of n behalf of this committee in ac gned under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ontributions and liabilities for this reporting period and represents the campaign eccordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 1 15 15	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the beautivity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting persons.	pest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. Library not received any control of the control of t	
Candidate without Committee OR Candidate with independent activity filing sepal I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this companies.	pest of my knowledge and belief, a true and complete statement of all campaign	
ned under the penalties of perjury:	(Candidate's signature) Date: 1/15/13	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Occupation & Employer			
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ine 9: Total Receipts	s over \$50 (or listed above)	0	
	s \$50 and under* (not listed above)	0	
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
f you have itemized re-	ceints of \$50 and under include them in line		- Page 1, mie 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer					
Date Received (alphabetical listing required)		Amount	(for contributions of \$200 or more)		
			;		
		Lancard Company of the Company of th			
O. T. (I D.)	050 (11) 1				
ine 9: 1 otal Receipt	s over \$50 (or listed above)				
ine 10: Total Receip	ts \$50 and under* (not listed above)				
ine 11. TOTAL DE	CEIPTS IN THE PERIOD				
	eceipts of \$50 and under include them in line		Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount 3 Country Club Road Oct 19, 2014 Smiles for Brooklyn Donation to Charity 100 Woburn, MA 01801 2 Abbott Street Nov 25, 2014 USPS Renewal of PO Box (12 months) 154 Woburn, MA 01801 Line 12: Total Expenditures over \$50 (or listed above) 254 Line 13: Total Expenditures \$50 and under* (not listed above) 0 Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 254

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		4			
			pro-		
		Line 12: Expenditures over \$50 ((or listed above)		
		Line 13: Expenditures \$50 and un	nder* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include a line to the second state of the second					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	-	Line 15: In-Kind Contributions o	ver \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$5	60 & under (not listed above)	0
an in kind contail	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL))